IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE:	09/20/2004			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 09/23/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1874	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
	+	8800	52	FURTHER PROCESSING NECESSARY,		1931	1968	37
				PLEASE CHECK FOR CLAIM ON		1931	1900	31
	+			FUTURE RA'S.				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404002		0	0	*** NO DATA TO REPORT ***				
3404902	BLUE RIDGE COMM	U	0	NO DATA TO REPORT				
	UNITY	_						
	+	+	-		+	1		
	+	0	0			0	0	-
	+	1			,			
	1	1						
3404904	WESTERN HIGHLAN	11	7	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		0500	1	DEFENSE NOT COMPANY DV				
		8599	1	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	(	8	21	13
	+	_		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
3404905	MDEND COMM MENU	0	0	*** NO DATA TO REPORT ***				
	TREND COMM MENT AL HLTH CTR							
	112 11211 0111							
		0	0		(	0	0	(
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0					
		U	0		(	0	0	(
3404910	PATHWAYS	8599	11	DETAIL NOT COVERED BY COMBINAT				
	FAIIWAIS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	-							
		27	6	DIAGNOSIS CODE MISSING OR INVA	1	24	786	762
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		0510	2	CLAIM DENIED CUDMITMENS SOUCH				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND				
	+	+	-	JUNE DOS MUST BE SUBMITTED BY				
	+	+		John Doo Hoor DE COEMITIED DI		1		
3404912	CATAWBA COUNTYM	8931	49	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		1						
		İ						
		11	6	CLIENT NOT ELIGIBLE ON SERVICE	55	65	2543	2478
				DATE				
		0000	-	OVERVO TARRETOTAR DO DESCRIPTO				
		8932	5	CMTNC INELIGIBLE TO RECEIVE SE				
	+	_	-	RVICES IN IPRS.				-
	+	+				1		
3404913	MECKLENBURG COM	8599	982	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
	+							
		11	781	CLIENT NOT ELIGIBLE ON SERVICE	921	2865	5583	2718
	1			DATE				
	<del></del>							
		8933	494	ADTNC INELIGIBLE TO RECEIVE SE				
		8933	494	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8933	494					

PROVIDER		UTON PRIVITE	wampa				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF	PERCENTANTON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	1221	CLAIMS DENIED, SUBMITTED BEYON				
3101310	VIORAL HEAL	0317	1221	D FILING TIMELIMIT. JULY				
	VIORAL REAL			THROUGH APRIL DOS MUST BE SUBM				
		8518	956	CLAIM DENIED, SUBMITTED BEYOND	21	2710	11620	8910
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	439	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII FACINGE.				
3404917	CENTERPOINT HUM	8599	491	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	329	ATTENDING PROVIDER NUMBER IS R	64	1552	3824	2272
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		0517	206	OTATMO DENTED CUDMITMED DEVON				
		8517	296	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
		<del>                                     </del>		THROUGH APRIL DOS MUST BE SUBM				
				Decide and other				
3404918	ROCKINGHAM CO M	8599	82	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	78	CLIENT NOT ELIGIBLE ON SERVICE	29	198	1734	1536
				DATE				
		8935	19	ASTNC INELIGIBLE TO RECEIVE SE				
		0333	19	RVICES IN IPRS.				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8517	255	CLAIMS DENIED, SUBMITTED BEYON				
	TAL HEALTHC			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	236	DETAIL NOT COVERED BY COMBINAT	91	788	5228	4440
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	84	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D		-					
	D ANDA MILD							
		0	0		0	0	0	0
					<del></del>			
3404921	ORANGE PERSON C	8599	92	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA	1		ION OF RECIPIENT, PROVIDER AND				
	1	1		BENEFIT PACKAGE.				
-		27	44	DIAGNOSIS CODE MISSING OR INVA			42.5	
			1	LID. VERIFY AND ENTER THE	16	216	2629	2413
				CORRECT DIAGNOSIS CODE AND SUB				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
					<del></del>			
3404922	THE DURHAM CENT	8599	619	DETAIL NOT COVERED BY COMBINAT	-			
	ER	1		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	8518	183	CLAIM DENIED, SUBMITTED BEYOND				
		0310		FILING TIMELIMIT. MAY AND	0	898	6066	5168
				JUNE DOS MUST BE SUBMITTED BY				
		8517	51	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				

						1	1	
PROVIDER	1	HIGH DENIAL	NUMBER OF		_		TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
NOPIDER	PROVIDER NAME	5053	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923	VGFW AREA AUTHO	8599	218	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
	KIII			BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE	1	369	924	555
				DATE	-	303	52.	555
		21	49	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE	21	495	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	311	DETAIL NOT COVERED BY COMBINAT	110	1527	7467	5940
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	158	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	11	196	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8599	119	DETAIL NOT COVERED BY COMBINAT	65	521	3377	2856
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	37	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8505	594	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	129	DETAIL NOT COVERED BY COMBINAT	0	807	1624	816
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	23	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404929	LEE HARNETT MH/	21	329	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8599	318	DETAIL NOT COVERED BY COMBINAT	0	931	1722	791
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	177	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404930	JOHNSTON COUNTY	8931	61	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	27	DETAIL NOT COVERED BY COMBINAT	86	156	1395	1239
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	18	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
				+		-		-

PROVIDER		HICH DENIES	MIMPED OF				TOTAL	TOTAL
NUMBER	_	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	DUDS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931		143	e	CLIENT ID NUMBER NOT ON STATE				
3404931	WAKE CO HUM SVC	143	0	ELIGIBILITY FILE				
	BILLING OF							
		23	2	SERVICE REQUIRES PRIOR APPROVA	0	12	63	51
				L				
	1	8952	2	CLAIM DENIED DUE TO AGE RESTRI				
	1			CTIONS FOR TARGET POPULATION				
	1							
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8326	2008	ATTENDING PROVIDER NUMBER IS R				
	R FOR MH/DD			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE	0	2039	2060	11
				DATE				
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSLOW COUNTY B	8599	124	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	46	CLAIM DENIED, SUBMITTED BEYOND	1	274	1190	916
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	34	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8518	70	CLAIM DENIED, SUBMITTED BEYOND				
	ENTAL HEALT			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	6	88	719	631
				RVICES IN IPRS.			123	031
	+	<b> </b>						
	1	8599	5	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	8517	74	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8505	13	CLAIM DENIED DUE TO INSUFFICIE	0	92	589	497
				NT BUDGET				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404022		0500	156	DESCRIPTION OF THE PROPERTY OF				
3404938	VGFW DBA RIVERS	8599	156	DETAIL NOT COVERED BY COMBINAT				
3404930	TONE COUNSE	1		ION OF RECIPIENT, PROVIDER AND				
3404930		1		BENEFIT PACKAGE.				
3404930						l .		
3404330		10	21	DIRECTOR OF ORDITOR THUSSES -				
3404930		10	31	DIAGNOSIS OR SERVICE INVALID F	2	211	687	476
3404930		10	31	OR CLIENT AGE. VERIFY CID,	2	211	687	476
3404936		10	31		2	211	687	476
3404936				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	211	687	476
3404736		10	31	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT ID NUMBER DOES NOT MATC	2	211	687	476
3404930				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	211	687	476
3404930				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT ID NUMBER DOES NOT MATC	2	211	687	47

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8599	64	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE				
			**	DATE	6	176	4948	4772
		8651	22	ONLY FOUR UNITS ALLOWED PER MO				
				NTH				
3404941	PITT CO MH/DD/S	537	234	PROCEDURE IS NOT COVERED FOR T				
	AS CENTER			HIS DATE OF SERVICE				
		8599	119	DETAIL NOT COVERED BY COMBINAT	81	635	1553	918
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	93	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404942		8599	16	DETAIL NOT COVERED BY COMBINAT				
3404942	ROANOKE CHOWANH	8599	16					
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8518	E	CLAIM DENIED, SUBMITTED BEYOND				
		0310	5	FILING TIMELIMIT. MAY AND	9	36	1759	1723
				JUNE DOS MUST BE SUBMITTED BY				
				ONE DOU NOOT DE COENTIED DE				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
			-					
3404943	ALBEMARLE MENTA	21	852	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		8599	131	DETAIL NOT COVERED BY COMBINAT	41	1166	2340	1174
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	38	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404944	EASTPOINTE HUMA	8599	190	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	45	AMENIA TURN TATRIC MA PROPERTIE AR				
		8931	45	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	63	373	4455	4082
				RVICES IN IPRS.				
	+	1			1			
		8621	29	60 RESIDENTIAL LEVEL III TREAT	-			-
		0021	23	MENT RECEIVED, PA IS REQUIRED	-			-
	+			FOR ADDITIONAL SERVICE.	<b>I</b>			
	+	1			<del>                                     </del>			
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***	-			
	FOOTHILLS AREAM ENTAL HEALT	1-	-	10 101011	<del>                                     </del>			
	ENIAL HEALT				<del>                                     </del>			
	+	1			<del> </del>	1		
	+	0	0		_	0	0	_
		1			U	U	U	U
					<b> </b>			
		1	1		1	l	l	1

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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8518	7	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. MAY AND				
	HEADIN CIK			JUNE DOS MUST BE SUBMITTED BY				
		537	6	PROCEDURE IS NOT COVERED FOR T		1 17		12
				HIS DATE OF SERVICE		1 1/	29	1.
		8517	3	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		n	0					
		0	0			0 0	U	·
3404979	NEW RIVER AREAM	8599	227	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	105	AMTNC INELIGIBLE TO RECEIVE SE	11	.7 475	4959	4484
				RVICES IN IPRS.				
		_						
		11	53	CLIENT NOT ELIGIBLE ON SERVICE				
	_		-	DATE				